Nova Scotia

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ANNUAL REPORT

for the fiscal year
ending March 31, 1990

Nova Scotia Commission on Drug Dependency

The Honourable George C. Moody
Minister of Health & Fitness
Department of Health & Fitness
P.O. Box 488
Halifax, Nova Scotia
B3J 2R8

Dear Mr. Minister

I have the honour of presenting the annual report of the Nova Scotia Commission on Drug Dependency for the year 1990.

As I have indicated in past years, the role of the Commission in the lives of Nova Scotians who suffer a substance abuse disease continues to be of a positive nature. With the passage of time there continues to be more and more demands on the services provided by the Commission and its staff, while the facilities to meet these demands have not increased with the number of people, who for whatever reasons, choose a life style of substance abuse.

However, one of the most positive moves made in the history of the Commission has come about in the past fiscal year. That is the re-establishment of the "Choices" Program, where adolescents from across Nova Scotia can find the help and support needed to redirect their lives. The Commission has been fortunate in acquiring highly competent staff and the program developed for "Choices" is one that we are certain will be met with success. With the establishment of this program, our province is again a leader in the addiction field in Canada. We are grateful for the support government has provided in this vital area of treatment, rehabilitation and education.

The Commission felt the report of the Royal Commission on Health brought positive recommendations in most areas and was pleased to see that the Commission's community-based concepts were singled out as the ideal philosophy in the development of regional health care.

We still feel the need for a dedicated tax on beverage alcohol, which would be used to further the work of the Commission, and trust that measures will be taken to see such legislation enacted in the near future.

We salute the government for its support of our programs and look forward to being of service to you in the new decade.

Yours truly

Leslie P. Stoodley

Leslie P. Stoodley
Chairman

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REGIONAL BOARDS,

STAFF, AND

LOCAL COMMITTEES

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Clinical Therapist

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Ken Thibeau
Community Health Worker

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Louisburg
Inverness
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Sydney Mines
Margaree
Baddeck
North of Smokey

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Antigonish
Guysborough County
Pictou
Truro

Western Region
Argyle
Cape Sable Island
Clare
Digby
Lockport
Queens County
Yarmouth

Metropolitan/Lunenburg
Bridgewater
Cole Harbour
Dartmouth
Halifax
Musquodoboit Harbour
Sheet Harbour

AN OVERVIEW OF

1989–90

MESSAGE FROM THE EXECUTIVE DIRECTOR

During 1989–90 the Commission on Drug Dependency continued in its efforts to enhance treatment programs throughout the province, including being able to respond to problems arising because of the greater ingestion of cocaine and crack throughout the community. Efforts continued into other areas as well, including investigation and training in the area of providing treatment for women who were substance abusers and planning programs that would have some meaning to this specific target group. In another area the Commission proceeded to complete its plans for the opening of an Adolescent Treatment Program in the Halifax/Dartmouth metropolitan area.

The Commission continues to provide special services throughout the province such as training, employee assistance program support, and community education programs directed at citizens and citizens' groups in the smaller communities in the province. These groups and individuals generated a great deal of activity, training, and interaction between themselves, the schools, and young people in their neighbourhoods. This approach continues to be a very positive and meaningful one because it involves the citizens and their families at the community level, and has an impact on the total environment.

Work in the schools continued, as did the work of peer education and teacher training. The Commission also provided training programs for professionals and paraprofessionals throughout the province through courses such as Orientation to Chemical Dependency.

In summary, it has been a busy year; a year of planning and building. The Commission looks forward to many positive outcomes as a result of its efforts during 1989–90.

EMPLOYEE ASSISTANCE PROGRAMS

Input Conference 1989

Nova Scotia was well represented at the eight Bi-Annual Symposium on Employee Assistance Programs (EAPs) in the Workplace Conference, which was held in Ottawa in November 1989. Stan MacDougall, Field Representative with the Commission on Drug Dependency, presented a paper, "The Design and Implementation of an Employee Assistance Program." Mr. MacDougall was assisted at this seminar by Ms. Barbara Till, Occupational Health Nurse for the City of Halifax. Also on the program was the role of the Occupational Health Department in an EAP, and presenting on behalf of Maritime Paper Works in Dartmouth, were: Charles Douglas, President; Director of Human Resources Anne Fraser; Occupational Health Nurse Carol Anne Currie; and committee members of the Labour Management Group of Maritime Paper's EAP. Maritime Tel & Tel's Director of Occupational Health and Safety, Dr. John Prentice, presented "Assessing Corporate Priorities for Health Promotion Programs."

The presentations made by the delegation from Nova Scotia were favourably received by delegates who attended the sessions. The Coordinator of the Nova Scotia Employee Assistance Program Division, Ed Fitzpatrick, was on the National Program Committee of Humber College and helped plan the 1989 Conference. This biannual conference allows many organizations from Nova Scotia to send delegates, and it brings them in contact with many companies across Canada. This gives them an opportunity to learn how EAPs are running in their areas.

Cocaine Seminar

Because of the increasing use of cocaine at work sites across the province, the Nova Scotia Employee Assistance Program Association sponsored a day-long cocaine seminar at the Hotel Nova Scotian. This program was held in November and had an attendance of 150 interested people representing many agencies, businesses, the military, and the police.

Dr. Neville Robinson, family physician and member of the Board of the Nova Scotia Commission on Drug Dependency and Dr. Wenda MacDonald, Pharmacologist, Nova Scotia Commission on Drug Dependency were among the presenters. Mrs. Annette Chipman, Head

Nurse, Metro Drug Dependency Centre, spoke on cocaine detoxification and referrals. This was followed by a presentation on cocaine and family relationships by Tom Payette, Manager Treatment Services, Metro Drug Dependency Centre.

The presentations held throughout the day strongly indicated that the use of cocaine was a growing concern to business and industry in the province. The increase in the number of people presenting themselves for treatment at facilities of the Nova Scotia Commission on Drug Dependency was pointed out as being on the increase.

Drug Testing

The increase in cocaine use in the province has heightened interest in the area of drug testing of employees. At present, few employers test their employes for drug use; however, with legislation from the federal government, there is going to be an increased demand on the part of employers to have their employees tested.

The Commission points out several issues to companies that are contemplating introducing drug testing. Urine screens are intrusive in that they involve personal and private activity and cannot distinguish between on- and off-the-job behaviour. Urine screens do not directly address fitness for duty issues, except in the case of very special jobs.

One use of drug testing that is being made in Nova Scotia is of employees who are enrolled in an EAP. The drug test is part of the after-care program and the employee knows that if a test is not clean, the employer would be contacted. This type of follow-up is being used not just in the private sector, but also with several professional groups, as a necessary component of their aftercare program.

Community Groups

The EAP Division continues its association with many businesses, industry, labour, and government. There are on-going seminars that explain the procedures for dealing with employees who are experiencing personal problems. At these sessions, it becomes evident that, even when the comprehensive EAP is in place, many managers and supervisors are reluctant to refer employees to the program. The seriousness of an employee's substance abuse problem presents to the employer a challenge that, if not addressed early, can become very serious when it is finally addressed. The seminars conducted for the various groups emphasize the necessity of early intervention at work

and of the support of the manager or supervisor and of the employee's peers.

Self-referrals are increasing in most companies where there is a functional EAP. Employees are requesting help with marital, financial, and emotional problems. Once aware that professional counselling is available, most employees do not hesitate to take advantage of the opportunity an EAP offers.

DOCUMENTATION, EVALUATION, AND RESEARCH

In 1989, a Provincial Documentation Standards Committee was formed to begin the examination of clinical records and implementation of province-wide standards and procedures.

The Women's Clinical Resource Program, a three-year pilot project funded by Health and Welfare Canada and the Commission, moved into its second year of staff training and clinical resource development. The Women's Clinical Resource Centre is now fully operational under the auspices of the Commission's Library Services.

Plans are under way for a decentralized service delivery information system. The new system will operate on micro-computers to be installed in each region of the province.

Plans are also under way for a provincial school drug survey, to be conducted early in 1991. This will be the first time that schools from across the province will be able to take part in the survey. The results of the survey will be used to plan school drug education programs in the future.

PREVENTION AND COMMUNITY EDUCATION

The Local Committees on Drug Awareness provide the communities of Nova Scotia with opportunities to become involved with active drug prevention programs. This year a provincial training concept was planned for Local Committee members, and it was used in several of the regions. These training events provide an opportunity for information exchange as well as an opportunity for members and staff to network.

The youth of the province were invited to send representatives to the first Youth Forum. This successful event provided information on current youth issues and provided an opportunity to create a Youth Council. The Youth Council continues to work towards clarifying its role and developing its direction. This community-based link provides another opportunity to support community resources.

The Police Assisting Community Education (P.A.C.E.) Program provides police officers with a training experience and 20 structured lessons for grades five to nine. The program was developed under the direction of the staff of the Commission and the Royal Canadian Mounted Police, with funding from the federal Solicitor General. The Department of Education, the school boards, and the schools all cooperated. The Commission has provided training to over 200 municipal and military police officers as well as consultation for the implementation of the program on a national level. This has provided a community-based resource to support consistent drug education throughout the province.

The Commission had the opportunity to honour volunteers who made a significant contribution to the prevention and treatment of drug dependency in the province. The Award of Distinction, Awards of Merit, and Nova Scotia Commission on Drug Dependency identification pins were made available to people who had contributed in special ways.

The development of resources — people and materials — continues to be a focus of the Commission's Prevention and Community Education Division. By delivering drug education programs to community-based organizations, the Commission develops a corps of people who can go to other organizations and offer drug education.

SCHOOL SERVICES

Smooth Sailing

Parent drug education is a vital component of the NSCODD community outreach effort. In the past, various program models and methods have been implemented in the attempt to increase awareness of issues surrounding drug use and to provide opportunities for preventive family action. Participant evaluations, pilot tests, revisions, and national program reviews have charted a course toward the development of "Smooth Sailing."

Smooth Sailing is a drug education program for parents. The program includes a one-day seminar (which can be sponsored by a community group, service club, or structured organization, such as YMCA, church group, Parent Teacher Association) and a facilitator training component.

The Smooth Sailing seminar increases awareness of issues surrounding drug use by young people, provides a forum for sharing concerns, develops effective communication skills, and initiates the process of developing a family prevention plan. A parent participation workbook is provided.

The facilitator training component prepares volunteer parents to deliver the Smooth Sailing seminar in their community. A facilitator manual outlines seminar content and implementation and delivery guidelines. Trained facilitators will expand the outreach of drug education and prevention in Nova Scotia.

School Drug Policy and Procedure Manual

Drug use and abuse continues to be a problem among school-aged young people. In order to help school boards develop strategies for dealing with these problems, the Nova Scotia Commission on Drug Dependency has developed a series of guidelines for integrating prevention and intervention strategies into the school community.

These guidelines are presented in a manual which has three main components. The first, *Policy Guidelines,* contains development and implementation strategies for drug prevention and intervention policy. The second component, *Strategies for School Professionals,* provides educators with concrete suggestions for implementing school policy on alcohol and other drugs. The third section is a model of the *Student*

Assistance Process. The model presented can provide guidance for school officials who wish to create a Student Assistance Process.

The manual is not intended to specify policy. Rather, it is an effort to provide school professionals with suggestions for planning effective strategies and services to meet the changing needs of today's youth. Schools that already have drug prevention and intervention strategies in place may find this manual useful in helping teachers and other professionals implement school policy. Other districts considering a review of their present policy may find these guidelines helpful.

Peer Power: A Process of Peer Drug Education

Peer Power is a peer drug education process designed to encourage student participation. This experiential approach encourages students to consider both the possible effects of drugs on a person's everyday life and the alternatives to drug involvement. School and community resources are considered for students concerned about drug related problems, caused by either their own use or use by family members or friends.

Peer Power captures the dynamic energy generated by the enthusiasm and commitment of volunteer peer educators and faculty advisors, which is transmitted to younger students in the classroom and to the school, family, and community through on-going drug prevention activities.

Peer Power is intended to supplement existing drug education efforts in the school by providing a unique method of presentation by peer educators and an opportunity for students to actively consider drug related issues.

Inservice Training for Teachers

The education officers and field representatives of the Prevention and Community Education Division of the Nova Scotia Commission on Drug Dependency offer consulting services and arrange professional development sessions for teachers throughout the province. Requests come from district school boards and special groups such as guidance staff and health educators. As schools increase their commitment to drug education, it is anticipated that a greater number of teachers will be seeking inservice training. Inservice training reaches more than 500 teachers annually.

An inservice referred to as T.A.S.K. — Teachers Acquiring Skills and Knowledge — focuses on initiatives teachers can implement in their classrooms and schools that will encourage responsible decision-making by students. This 15-hour inservice involves not only resource people from the Commission on Drug Dependency, but also law enforcement personnel and self-help groups.

Another training session, C.O.T.T. — Community Outreach Team Training — combines an indepth study of drug use concerns with techniques for involving communities in the prevention of substance abuse among youth. This 36-hour inservice also stresses the importance of commitment to action. To date approximately 250 teachers have completed this program.

MEDIA SERVICES

Drug Awareness Week continues to be a focal point and a launching pad for community prevention programming throughout the year. The theme of Drug Awareness Week is "Keep your dreams alive." This positive and upbeat theme readily encompasses a wide range of prevention topics and target groups.

The goal of Drug Awareness Week 1989 was to focus the attention of Nova Scotians on the fact that driving while impaired is not acceptable.

Local volunteer groups initiated community activities around this theme. The Halifax Herald Ltd. cooperated with the Nova Scotia Commission on Drug Dependency in the development and delivery of a drug awareness tabloid. A grade-specific lesson plan package was developed on the topic of the effects of alcohol on the body. Both the tabloid and the lesson plan were favourably received and utilized by teachers throughout the province.

The response to the "Keep your dreams alive" theme is very positive. It has captured the imagination of both young and old alike. This response has prompted a decision to keep the same theme for the next five years and simply vary the prevention topic and the target group during Drug Awareness Week.

LIBRARY SERVICES

The Library continued to expand and develop its services successfully in 1989–90.

The Women's Resource Centre, one aspect of a project to enhance and improve the Commission's existing treatment services for women, was well used by staff and the general public. A brochure called *A Special Place*, advertising the services of the Resource Centre, was designed and printed during 1989. Distribution of the pamphlet continues to provide much publicity for the Resource Centre and Library Services.

Changes: a newsletter dedicated to the health of women increased its circulation during 1989–90. The newsletter, which focuses on women and addictions, has been well received and is distributed widely throughout Nova Scotia to Commission staff, board members, women's organizations, libraries, government departments, and interested individuals.

The development of an Adolescent Resource Centre as a part of Library Services began in January 1990. Its collection, consisting of books, pamphlets, journals, and videos, supports the Commission's new program for adolescents. It is used by staff, parents, teachers, students, and teenagers.

TRAINING AND DEVELOPMENT

The Training and Development Section provides learning experiences for staff, allied health and social service professionals, and volunteers. The major events of 1989–90 included:

Staff Orientation Program, Choices, Adolescent Treatment Program

A five-week staff orientation program was started on March 5, 1990, for 19 Adolescent Treatment Staff. The orientation program was designed to provide adolescent treatment staff with the knowledge and skills needed to implement the Adolescent Treatment Program.

Orientation to Chemical Dependency

The four-day course provides basic knowledge, and skills in early identification, intervention, referral and follow-up of individuals and families with alcohol and drug-related problems. Between April 1989 and April 1990 the course was offered seven times in the Metro Region and two times in Pictou. A total of 185 health and social service professionals, volunteers, and Commission staff completed the course during this period. Approximately 585 people have completed the course since it began in June 1984.

Drug Briefing, Provincial Correctional Services

Two one-day workshops were held for provincial Correctional Services staff in Halifax. The Commission on Drug Dependency Prevention and Community Education staff, Treatment staff, RCMP Drug Education staff, and Correctional Services staff developed and implemented this program.

Serving Alcoholic Beverages: A Customer Relations Approach

This three-hour training program provides management and staff of licensed establishments with the knowledge and skills to manage the consumption of alcohol, to prevent intoxication and, when necessary, to deal with the intoxicated guest. The course was delivered throughout the province four times in 1989–90 to about 140 servers. Since 1983 approximately 1,050 servers have been trained.

The Serving Alcoholic Beverages: A Customer Relations Approach Program is currently being revised to include owners and managers in policy development prior to the training session. The managers of the establishments are actively involved in the training program. They explain the policies for serving alcoholic beverages in the establishment and offer suggestions on how their staff should deal with potential problem clients.

Extra-mural Training

Staff participated in professional development courses offered outside the Commission. These included computer courses at various levels; time management courses; communications skills workshops; professional development for secretaries, management, and leadership; staff relations courses; courses to enhance clinical skills; and supervisory and performance appraisal training.

Management Development and Supervisory Development

Two senior staff are completing the Civil Service Commission Management Development Program. One supervisor is completing the Supervisory Development Program.

National Teleconference Workshop

Nova Scotia participated in a series of three Cocaine Teleconference Workshops in January and February 1990. Approximately 500 people participated across Canada in 28 locations. The teleconference sites in Nova Scotia were in Halifax and Sydney with 55 Commission staff participating at each teleconference. The results of this pilot study were favourable.

PREVENTION TRAINING IN THE DRUG FIELD

Atlantic Workshop

The Supervisor of Staff Training and five representatives from Local Committees, RCMP, communities, and the education field, participated in a four-day Prevention Training in the Drug Field Workshop. Four other provinces also sent representatives to this federally sponsored workshop.

TREATMENT AND REHABILITATION

Treatment and Rehabilitation followed the general flow of the Commission's energies in the area of dealing with crack and crack cocaine substances and the results of ingestion by patients. Much time was spent by the Clinical Pharmacologist attempting to put together protocols that would be effective in dealing with the immediate and later effects of the injection of crack cocaine. Training sessions were held for physicians, nurses, and others to prepare them to work with this very difficult target group.

The Commission continued to test urine samples as a method of therapeutic intervention, being able to provide this service in such areas as Sydney, Pictou, and in the Halifax/Dartmouth metropolitan area.

The Commission continues to consider major efforts in dealing with patients with dual diagnosis, for example, a patient with an addiction and a psychological or psychiatric manifestation. The Commission feels that not enough has been accomplished with this group. It is continuing to investigate methodologies that will be effective in dealing with this problem. Training for the Women's Clinical Resource Team in preparation for the treatment of women as a special target group continues. The division is also preparing special methodologies for dealing with adolescents with dual diagnosis.

There is a great deal to be done in the field of treatment. The Commission's major need at this point is a Clinical Coordinator to pull together all the efforts of the clinicians working for the Commission and to develop protocols that can be effectively tested and then implemented.

CAPE BRETON REGIONAL PROGRAM

During 1989–90 Rehabilitation and Prevention Programs continued to be heavily used across the Cape Breton Region. With the introduction of the Strait/Richmond Program in 1989, the region experienced a greater outreach service delivery to both urban and rural areas of the island, with Sydney serving the Industrial Cape Breton area and Strait/Richmond serving the rural areas of Cape Breton.

Program delivery, patient support, and family involvement activities were enhanced throughout the region. All levels of the community, especially self-help groups, have been instrumental in assisting Commission staff in the acceleration of acceptance and utilization of services.

Many community based programs on education and prevention were initiated, such as Peer Education, Server Intervention, COTT (Community Outreach Team Training) and PACE (Police Awareness Community Education). As a result, numerous community service agencies, hospitals, schools, and volunteers became directly involved in the work of the Nova Scotia Commission on Drug Dependency.

New systems were put in place in the Records Department in Sydney to save staff time, simplify retrieval of information, and reduce wear and tear on patient records and the department rollodex. This was done by updating the rollodex system and implementing a new process for filing inpatient charts during admission. At the Strait/Richmond Unit, the record keeping and documentation process is running fairly smoothly. We have shown that parallel, yet independent, documentation and processing operations can function well within our region.

CAPE BRETON ADDICTION REHABILITATION CENTRE

In the area of treatment and rehabilitation this year's activities centered on strengthening and refocusing the treatment programming towards qualitative patient care. Efforts were also directed to addressing more specifically the needs of special groups such as women and adolescents.

Primary Care moved towards giving higher structure to all aspects of programming with assignment of patients and more focus on groups with specialized needs.

On-going training, at both the regional and provincial levels, was more consistent this year with a greater penetration rate at all staff levels.

Primary Care — Treatment Orientation Program

The Primary Care Unit maintained a capacity of 20 beds during this past year, with occupancy ranging from 80 to 90 per cent, with a mean of 85.2 per cent. Clients continue to receive three primary services: detoxification, Treatment Orientation Program education, and dependency assessments.

Treatment Standards has incorporated a cocaine protocol that has been used for the benefit of several clients in this region. Prescription medication, cannabis, and alcohol continue to be the drugs most frequently abused by clients served in this facility.

Treatment of Adolescents has been expanded to include an inpatient program in Halifax.

After-care

Residential Rehabilitation Program (RRP)
Throughout 1989–90, the Residential Rehabilitation Program (RRP) maintained its commitment to deliver the complete treatment program as a result of the success of the initial pilot program for the All Women's Residential Rehabilitation Program, which was offered in Sydney, and with the support and assistance of the Women's Clinical Resource Team, an All Women's program was offered every three months. A pilot program, Drug/Alcohol Education, was also developed and provided for male inmates at the Cape Breton County Correctional Centre.

To better meet the special treatment needs of clients, program staff attended workshops and participated in training sessions on a variety of topics such as Adult Children of Alcoholics, Women and Addiction, Sexual Abuse, Male Socialization Issues, Dealing with Aggressive Clients and Cocaine. These training sessions were helpful to staff in developing and introducing new and revised material to the Residential Rehabilitation Program.

Finally, considerable work was done on upgrading the structural environment of the Residential Rehabilitation Program Unit to provide more comfort and privacy for clients and to create a more therapeutic environment.

Outpatient Department
The Outpatient Department this year offered clients individual, group, family, and marital counselling. A higher proportion of referrals seemed to come from the community and from client self-referrals than in former years.

This year the Outpatient Department continued and enhanced its involvement in treatment groups, offering this service to three client populations: adolescents, women, and adult children of alcoholics. In addition, the main developmental focus of the department was to enhance its ability in the identification and treatment of chemically dependent persons who were also victims of sexual and physical abuse, who began seeking service in increasing numbers. As part of this focus two therapists researched the subject of violence, designed a program, and delivered it to perpetrators of violence in conjunction with a community based, inter-agency effort to address family violence.

The Driving While Impaired Program of the Outpatient Department this year again increased the number of education programs delivered. Five programs were conducted, serving 66 clients requiring secondary treatment.

Serenity House Halfway Program
Serenity House continued to operate at full capacity throughout the year and saw a trend of more women utilizing this facility. Improvements were made in the areas of monitoring and progress recording and formal group treatment time was increased. The facility also provides a weekly A.A. meeting, which has been successful.

During the past year our program introduced and implemented the Serenity House Life Skills Program. The overall aim of the program is to help residents to remain sober. To achieve this aim, this program will:

- present and discuss alternate life styles
- improve self-esteem by increasing self-awareness
- present and discuss coping skills
- explore community resources

- foster positive group dynamics by achieving maximum participation
- assist participants in job search
- explore survival skills, credit, choosing an apartment, problem solving, making a budget, etc.

New forms were also introduced to staff and residents, which provide staff with an accountability system to keep a record of each resident's goals and progress during residency.

Employee Assistance Program

The Employee Assistance Program services continue to be well utilized in the Cape Breton Region. The number of Employee Assistance Program policies and referrals for services has increased over the past year. The Employee Assistance Program services have presented orientation sessions to a number of workplace Employee Assistance Program committees. Throughout the year there have been consultations with a number of worksites and organizations, assisting them in the renewing and updating of formal and informal policies and procedures.

The Cape Breton Employee Assistance Program representative made a major presentation at the National Employee Assistance Program Conference in Ottawa.

FRIENDS OF THE ADDICTION CENTRE AUXILIARY GROUP

Contributions of time and gifts throughout the year, especially at Christmas and other holiday periods, of the Auxiliary, other individuals, and groups have been of great benefit to the patients and to our work here at the Centre.

STRAIT/RICHMOND

Primary Care Unit

1989–1990 was the first full fiscal year for the Strait/Richmond Primary Care Unit and expanded Outpatient Services in Richmond County and South Inverness. During this time, the program continued to grow and establish itself in the area as a positive treatment option for old and new clients in the surrounding counties.

The Strait/Richmond Unit is remarkable in its status as a Commission program that is a tenant of a small general community hospital. In the early months of operation, considerable attention was paid to the orientation of the hospital and the working relationships involved. The level of cooperation and smooth functioning has continued into the tenure of the new hospital administrator. In addition to administrative compatibility, the board of Strait/Richmond, and in particular the chairman, has continued to be supportive of the unit. The Minister and Deputy Minister of Health and Fitness visited the hospital and the unit in August and they were highly complimentary regarding the level of cooperation.

The Primary Care Unit continued to operate smoothly over the year. With judicious use of the "swing beds" from Strait/Richmond, the unit was able to operate at capacity. Only on two or three occasions were the numbers down significantly, and only for a day or two. The unit runs with several clients on the waiting list at most times and on occasion as many as 20 to 25 persons are waiting for a bed.

The unit operates a Treatment Orientation Program on a regular basis.

In the new year this unit will pilot a family night for clients in the unit. The unit hosts A.A. and N.A. meetings, which are helpful to the clientele.

Outpatient Department

The Outpatient services continue to grow. This year in addition to providing treatment services to the Primary Care Unit and the community, the Outpatient staff have provided services in remote locations (St. Peter's, Arichat, Port Hood) and at a number of schools. The staff have assisted the public with a number of brief information sessions. In addition, the Outpatient Department started a very successful Adult Children of Alcoholics Program, which has spawned a

self-help group and a Driving While Impaired treatment group, which appear to be very effective.

In the coming year, Outpatient staff are working on a Family Series in the community, a program for women (re. prescription drugs especially). The Outpatient staff have also involved themselves with several education and prevention initiatives such as Local Committees, Peer Education, Smooth Sailing, and Drug Awareness Week.

Driving While Impaired Extended Treatment Program
The Driving While Impaired extended treatment clients are seen in group treatment in the Port Hawkesbury office every second Monday from 1:00 to 2:00 p.m.

Clients are initially assessed on their suitability to function in a group. A general overview of the group process, its goals and objectives are given. The option of individual sessions in addition to the group is available if deemed necessary by the client or facilitator.

NORTH SHORE REGIONAL DRUG DEPENDENCY PROGRAM

OVERVIEW

The staffing situation improved considerably with the hiring of a casework supervisor, a community health worker for Guysborough County, and a secretary for the New Glasgow/Pictou outpatient office.

In Primary Care, the trend toward a lower number of admissions with an increase in program days continued. Forty per cent of all admissions were first-time patients.

After-care services had a 15 per cent increase in the number of clients. The main increase came from the Truro office and supervisory staff are giving additional support of two days per week.

Prevention and Community Education Services were extremely busy with Peer Education firmly established in all five school districts in the region.

STAFFING AND STAFF DEVELOPMENT

This was a very good year in terms of having the above-mentioned new positions. In addition there were no prolonged illnesses or vacancies in established positions. All of this combined to allow timely responses to requests for service along with a high level of staff morale.

Some of the more important staff training components were the following: Cocaine Workshop; Counselling Skills; Women's Issues in Treatment (offered twice); and an RCMP presentation on Illicit Drugs.

TREATMENT AND REHABILITATION

Primary Care

Detoxification
Admissions were down slightly while the number of patient days in program increased by 156 days. Approximately 60 per cent of patients

were admitted once. Eight per cent could be considered chronic repeaters. More attention was given in the past year to the question of relapse.

Treatment Orientation Program
This program remained a heavily utilized treatment option. Approximately 50 per cent of Primary Care patients participated. During this year the delivery of this program was placed almost entirely in the hands of the Counsellor Attendants, leaving the nurses free to attend to the more medical aspects of recovery.

After-care

The client caseload again increased this year, with 201 more clients being seen. The Pictou/New Glasgow area has seen the number of motor vehicle cases almost double. The Truro Outpatient office remained under very heavy client pressure. Supervisory staff are assisting two days a week. This office continues to be seen as a major agency in the Colchester area. The need for increased staffing is strongly indicated. Of the 1,493 clients seen in our Outpatient office over 19 per cent were women. This is a higher percentage than in past years.

The series for probationers, which was piloted in Pictou County, is now being regularly utilized in Colchester County and will soon be used in Antigonish County.

A Family Education Series has been established. This is a series of six evenings designed to help families who are dealing with a drug dependency problem.

Recovery house
During the past year the new director, with the help of the board chairman, has reorganized and fine-tuned the staffing pattern and clarified responsibilities. Through regular committee meetings the Recovery House board has updated and formalized staffing and personnel policies. In addition much attention has been given to fiscal detail and financial planning.

Greater emphasis has been placed on community outreach and awareness. Staff training has been given a high priority.

In the past year the number of admissions to Recovery House from Cape Breton has sharply increased. This appears to be directly related to the Strait/Richmond Primary Care Unit.

PREVENTION AND EDUCATION

Activity in this field reached a high level of intensity in the past year. The Peer Education Program is now functioning in all five school boards in the region. Cooperation from administrators and teachers has remained at a high level.

Parent drug education in the area received a boost when the Michelin Committee met with Commission staff and planned to facilitate future Smooth Sailing programs on their own, using Commission staff as consultants.

Two Orientation to Chemical Dependency programs were offered to professionals and both series were overbooked. Participation had to be limited.

Prevention and education programs to universities and colleges were characterized by programs as well as a workshop for campus police. Programs at the Agricultural College, St. Francis Xavier University, and Nova Scotia Teachers College are now well established and are an annual part of student training.

A highlight of Local Committee activity in the region was the completion of the federally funded Designated Driver Program in Pictou County. This was spearheaded by local volunteers who gave hundreds of hours to this community-based program. This program contacted all servers of alcoholic beverages in Pictou County. Workshops and seminars were provided. Driver surveys were conducted with the assistance of municipal police and the RCMP. Local media members were very cooperative.

The addition of a second field representative is essential. One person cannot possibly sustain the present level of school and community development activities in the five North Shore counties.

METRO LUNENBURG REGIONAL PROGRAM

The year 1989–90 saw some stabilization in supervisory positions, more innovation in programming and more diversity in prevention and community education. A new Manager, Treatment Services, and a new casework supervisor were hired during the course of the year to allow for more direct supervision of staff and programs and more opportunities to initiate change.

During the course of the year the following activities highlighted treatment programming and services:

- a visitor reception staffing arrangement was made to bring additional security and visitor control to the detox unit;
- the development of a Cocaine Treatment Team consisting of a head nurse and a community health worker. When fully implemented, this team will work out of the detox unit to do assessments, programming, and community education;
- the development of Phase I and Phase II in the 28-day Residential Rehabilitation Program that separates clients in the third and fourth weeks of programming to focus treatment more on individuals. Issues pertinent to each level of recovery are discussed in a more client-centered fashion with emphasis on each client's strengths and limitations;
- formal programming was used in the detox unit as often as possible during the day and evening shifts and on the weekends; the programming is flexible, short, and uses discussion groups to help patients going through withdrawal;
- the Admissions Nurse Project and individualized nursing care plans were initiated and continue to be developed.

In the areas of prevention and community education some of the highlights were:

- briefs to the Minister of Health and Fitness from the Bridgewater and Sheet Harbour Local Committees on Drug Awareness regarding the Royal Commission on Health Care;
- the ongoing development of a proposed drug awareness program and manual for coaches in amateur sports;

- another successful Peer Education Recognition Day was hosted by the Bridgewater Local Committee on Drug Awareness;
- the Dartmouth Local Committee on Drug Awareness organized and sponsored the third Youth Symposium at the Tim Horton Camp in Tatamagouche;
- the Darts Against Drug Abuse Association sponsored their fourth Annual Dart-a-thon at the Shannon Park Recreation Centre and raised over $6,500 for the Commission for prevention and education in this region;
- for the first time ever, varsity athletes were trained as Peer Drug Educators. Eighteen athletes became available to school and community groups as resource people;
- staff participated in the first Cocaine Teleconference presented by the Addiction Research Foundation of Ontario;
- numerous student placements occurred throughout the various program areas including, for the first time, the Dalhousie School of Nursing students as well as other nursing students, medical students and social work students.

VALLEY HEALTH SERVICES ASSOCIATION

DETOXIFICATION UNIT

This primary care detoxification unit admitted 290 patients during the past fiscal year, four more than last year. Forty-one of those patients were female. Three patients were transferred to other nursing units of Valley Health Services and one to the Victoria General Hospital; 19 left before completing the program.

Alcohol still remains the primary drug of addiction requiring detoxification in a controlled setting. The staff have been monitoring the number of I.V. drug users admitted to the unit and a report is forwarded to the Commission on Drug Dependency on a weekly basis. This information will help government officials decide whether a needle exchange program is necessary or desirable for the province.

The program was able to meet local demands most of the time. When beds were available, people were admitted from outside our catchment area. During the past year, 65 out-of-catchment referrals were accepted.

Staff continue to be encouraged by the treatment outcome of this unit. The program benefits greatly from the specialized services it receives from all departments of the hospital and from the medical staff.

CROSBIE HOUSE

Crosbie House is a 10-bed alcohol and drug inpatient rehabilitation program. It has remained virtually full all year with an average daily attendance of 9.8. One hundred and twenty-nine individuals were admitted to this unit, 38 (29 per cent) of whom were females. During the past year, the waiting period for admission to Crosbie House has been between six and eight weeks. It has been the same since the inception of this program.

In looking at referral sources, we discovered that 20 of our admissions were formal referrals from Employee Assistance Programs throughout the province and outside the province. It appears that more and more companies and institutions have developed EAPs and are

showing interest in treating employees who are experiencing difficulties with alcohol or other drugs.

Crosbie House staff received assistance from two individuals hired on a job development grant and one student from Acadia University who did her practicum here. Again, we are grateful to the United Church of St. Paul and St. Stephen for their generous support of our chaplaincy service. Rev. Eric Patton continues to look after the spiritual needs of our patients. We are also grateful to five volunteers who come to Crosbie House on a regular basis to deliver specific components of the program.

OUT-PATIENT SERVICES

There were 5,639 visits to the out-patient centres, which include the Miller Hospital Out-patient Department and two satellite offices located at the Hants Community Hospital and Soldiers' Memorial Hospital.

As mentioned in last year's report, Kings County required an extra staff member. A community health worker now works out of the Miller Hospital Out-patient Department.

During the past year, 101 impaired drivers were referred by the Department of Transportation; the number last year was 79. Only 25 of those referred actually came for their interview. Concerns have been expressed to the Attorney General's Department. It is believed that many, if not most, of the individuals continue to drive while their licenses have been suspended.

VOLUNTEER FOLLOW-UP PROGRAM

Now, 320 contact persons receive the monthly letter. This is an increase over last year.

The coordinator of this volunteer program has held contact meetings in the nine regions of our catchment area. He has also been able to visit contact persons on a one-to-one basis. This was made possible by the hiring of a community health worker for Kings County. These visits obviously paid off, because the percentage of monthly

reports being returned is increasing steadily. The monthly reports provide the approximate amount of time volunteers contribute to the aftercare program. Contact persons give over 2,500 hours of service per year to the Crosbie Centre. This figure is very conservative.

EDUCATION AND HEALTH PROMOTION

Statistics for the past fiscal year show an increase in the number of education and prevention programs delivered by the Crosbie Centre staff. In all, 284 programs were provided; of this total number, 134 were delivered to the community and 150 to the schools in our area.

The TADD (Teens Against Driving Drunk) continues to be well received by high schools throughout the province. Education and Promotion staff are preparing another proposal for short-term funding from the federal government. For long-term funding they are planning to approach four provincial government departments.

One highlight of the year was a provincial youth rally held in Canning for high school students involved with TADD and Peer Drug Education. The rally was a success and led to the formation of a Youth Council on alcohol and drug related issues. Two of the executive officers are from our catchment area.

CROSBIE CENTRE ASSOCIATION

During the past year association staff were involved in negotiations with the federal government in an attempt to become eligible for funding under the VRDP program. VRDP stands for Vocational Rehabilitation for Disabled Persons. Our proposal was approved on the condition that the Crosbie Centre become incorporated as a separate entity from Valley Health Services. This has now taken place and a Board of Directors for the Crosbie Centre has been appointed by the hospital board.

WESTERN REGIONAL PROGRAM

1989–1990 was a year of change for the Western Region. Staff changes occurred at the regional coordinator and field representative levels, a casework supervisor was added to the regional office and leaves of absence affected our out-patient staff. The Nova Scotia Royal Commission on Health Care also submitted its report to the Minister of Health and Fitness with important consequences affecting the Commission and the region contained in its recommendations.

Ongoing out-patient treatment programs continued to be provided in satellite offices in Liverpool, Shelburne, Yarmouth, Church Point, and Digby. Registry of Motor Vehicles referrals increased appreciably as well as clients presenting themselves with cocaine-related problems.

The highlights of the period under report was the Tenth Anniversary Conference entitled "What's Different Today." Over 80 participants gathered at the Yarmouth YWCA for a good learning experience and a chance to exchange information.

Volunteer and staff members were also involved in several training programs offered to clients and residents of this region. Sixty-six Registry of Motor Vehicles referrals attended three courses scheduled in Yarmouth. Twenty-five RCMP officers were introduced over a three-day period to the PACE program. Twenty-two help givers participated in an Orientation to Chemical Dependency offered in Shelburne. Eighteen volunteers of the Yarmouth Area Help Line were also introduced to the problems of drug abuse and the various helping agencies. Twenty-five military personnel of CFS Shelburne attended a Server Intervention Workshop.

Prevention outreach, though affected by a change of field representative, was still pursued by staff and many volunteers. Local Committees on Drug Awareness were active in Digby, Clare, Yarmouth, Argyle Municipality, Lockeport, and Liverpool. Clark's Harbour formed a new committee and became the second community in Shelburne County to have a very active group.

Volunteers attended a training workshop in Halifax in the spring of 1989 and organized four community parties and several awareness programs in response to this year's Drug Awareness theme of Celebrate with People, not Drugs.

District school boards were introduced to and commenced implementation of prevention and intervention policies. The Clare/Argyle and Yarmouth school boards have given appreciated leadership on this important program. The Shelburne, Yarmouth and Clare/Argyle boards were also chosen to pilot the new Peer Education program entitled Peer Power; their contribution was greatly appreciated in finalizing the program. TADD groups were active in all but one of our 11 high schools and representatives participated in a provincial Youth Forum at the end of November.

Funds were also secured under the National Drug Strategy by the Argyle Local Committee for a drama package destined for the upper elementary level. The program will be available in September 1990.

1989–1990 was a year of change and transition. It was difficult in many ways, but we accomplished a great deal.

CLIENT STATISTICS

Table 1

Selected Client Characteristics, by Region

Characteristics	Cape Breton %	North Shore %	Metro/ Lun. %	Valley %	Western %
Age					
Under 14	0.12	0.11	0.13	0.26	0.31
14–18	5.31	3.78	3.25	2.61	3.26
19–24	9.80	12.24	10.17	10.04	13.98
25–34	26.82	29.66	35.33	26.34	36.49
35–44	27.97	26.66	28.79	27.38	26.09
45–54	17.07	16.25	13.72	19.17	11.18
55–64	8.5	7.46	6.37	9.91	6.21
65+	4.33	3.67	2.20	4.17	2.48
No age given	—	0.17	0.04	0.13	—
Sex					
Male	0.808	0.816	0.799	0.794	0.761
Female	0.192	0.184	0.201	0.206	0.239
Labour Force Participation					
Employed Full-Time	26.41	32.39	41.28	43.55	36.65
Employed Part-Time	5.77	5.51	6.71	4.04	7.92
Employed seasonally	7.09	5.62	4.31	5.87	18.01
Homemaker	4.56	4.12	3.33	4.43	5.43
Student	5.94	5.62	4.64	4.69	4.50
Disabled	11.42	6.40	5.66	7.82	5.12
Retired	5.48	3.62	3.42	4.82	2.17
Unemployed	32.58	36.62	30.01	24.64	20.19
Not recorded	0.75	0.11	0.63	0.13	—

Table 2

Clients' County of Residence by Region

County	Cape Breton %	North Shore %	Metro/ Lun. %	Valley %	Western %
Annapolis	2	1	3	113	4
Antigonish	42	177	4	—	—
Cape Breton	1,147	29	10	4	2
Colchester	7	468	20	8	1
Cumberland	—	242	9	14	—
Digby	2	—	7	—	230
Guysborough	21	70	2	1	—
Halifax	31	89	1,925	68	—
Hants	4	42	65	178	—
Inverness	187	31	1	1	—
Kings	2	4	4	332	3
Lunenburg	3	1	253	17	8
Pictou	12	590	16	1	—
Queens	—	2	12	5	130
Richmond	180	25	—	1	—
Shelburne	—	1	9	9	114
Victoria	89	1	1	—	—
Yarmouth	2	4	5	9	151
Out-of-Province	2	15	17	5	1
Not Recorded	1	5	6	1	—
Total	**1,734**	**1,797**	**2,369**	**767**	**644**

Table 3

Detox Utilization: Number of Individuals and Discharges, by Sex

Cape Breton

No. of Detox Discharges in 1989/90	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	517	68.57	517	44.08	101	75.94	101	51.53	618	69.67	618	45.14
2	138	18.30	276	23.53	19	14.29	38	19.39	157	17.70	314	22.94
3	55	7.29	165	14.07	6	4.51	18	9.18	61	6.88	183	13.37
4 or more	44	5.84	215	18.33	7	5.26	39	19.90	51	5.75	254	18.55
TOTAL	**754**	**100.00**	**1,173**	**100.00**	**133**	**100.00**	**196**	**100.00**	**887**	**100.00**	**1,369**	**100.00**

Table 4

Number of Clients in Inpatient Treatment Programs, by Sex

Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	252	58	310
Day patient, with detox	1	—	1
Inpatient, no detox	6	—	6
Day patient, no detox	100	8	108
Residential Rehabilitation (28-day) Program Inpatient	69	21	90
Park House	19	7	26
Talbot House	38	1	39

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 5

Number of Clients, by Sex, and Total Contacts, Outpatient Services

Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central	209	86	295	1,600
Port Hawkesbury	181	57	238	1,487
North of Smokey	42	4	46	497
Inverness	46	13	59	798
Glace Bay	212	9	221	1,030
Northside/Victoria	129	36	165	1,271
Sydney	152	84	236	1,368

Table 6

Detox Utilization: Number of Individuals and Discharges, by Sex

North Shore

No. of Detox Discharges in 1989/90	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	327	78.23	327	58.60	65	81.25	65	61.32	392	78.71	392	59.04
2	60	14.35	120	21.51	9	11.25	18	16.98	69	13.86	138	20.78
3	23	5.50	69	12.37	4	5.00	12	11.32	27	5.42	81	12.20
4 or more	8	1.91	42	7.53	2	2.50	11	10.38	10	2.01	53	7.98
TOTAL	**418**	**100.00**	**558**	**100.00**	**80**	**100.00**	**106**	**100.00**	**498**	**100.00**	**664**	**100.00**

Table 7

Number of Clients in Inpatient Treatment Programs, by Sex

North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	180	43	223
Day patient, with detox			
Inpatient, no detox	156	32	188
Day patient, no detox	33	4	37
Residential Rehabilitation (Recovery House)			
Inpatient	142	21	163
Day Patient	—	—	—

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 8

Number of Clients, by Sex, and Total Contacts, Outpatient Services

North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/New Glasgow	447	100	547	4,651
Amherst	183	36	219	1,891
Antigonish	180	40	220	2,472
Truro	398	109	507	4,072

Table 9

Detox Utilization: Number of Individuals and Discharges, by Sex

Metropolitan/Lunenburg

No. of Detox Discharges in 1989/90	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	486	78.64	486	58.20	115	84.56	115	71.88	601	79.71	601	60.40
2	82	13.27	164	19.64	18	13.23	36	22.50	100	13.26	200	20.10
3	27	4.37	81	9.70	3	2.21	9	5.62	30	3.98	90	9.05
4 or more	23	3.72	104	12.46	—	—	—	—	23	3.05	104	10.45
TOTAL	**618**	**100.00**	**835**	**100.00**	**136**	**100.00**	**160**	**100.00**	**754**	**100.00**	**995**	**100.00**

Table 10

Number of Clients in Inpatient Treatment Programs, by Sex

Metropolitan/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	46	12	58
Day patient, with detox	4	1	5
Inpatient, no detox	179	50	229
Day patient, no detox	92	19	111
Residential Rehabilitation (Recovery House)			
Inpatient	67	36	103
Day Patient	—	—	—

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 11

Number of Clients, by Sex, and Total Contacts, Outpatient Services

Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Dartmouth	433	94	527	1,586
Halifax	193	540	733	3,399
Cobequid	150	27	177	504
Bridgewater	200	44	244	899
Sheet Harbour	75	28	103	1,520
Musquodoboit	155	17	172	926
Spryfield	194	24	218	679
Lunenburg	1	1	2	10

Table 12

Detox Utilization: Number of Individuals and Discharges, by Sex

Miller Hospital, Valley

No. of Detox Discharges in 1989/90	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	213	93.42	213	86.23	44	95.65	44	91.67	257	98.80	257	87.12
2	11	4.83	22	8.91	2	4.35	4	8.33	13	4.74	26	8.81
3	4	1.75	12	4.86	—	—	—	—	4	1.46	12	4.07
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	**228**	**100.00**	**247**	**100.00**	**46**	**100.00**	**48**	**100.00**	**274**	**100.00**	**295**	**100.00**

Table 13

Number of Clients, by Sex
Crosbie House

Valley

Treatment Program	Males	Females	Total
Crosbie House	87	40	127

Table 14

Number of Clients, by Sex, and Total Contacts,
Outpatient Services

Valley

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	398	115	513	2,243
Middleton	110	27	137	1,569
Windsor	107	21	128	862

Table 15

Detox Utilization: Number of Individuals and Discharges, by Sex

Western

No. of Detox Discharges in 1989/90	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	93	100.00	93	100.00	23	100.00	23	100.00	116	100.00	116	100.00
2	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	**93**	**100.00**	**93**	**100.00**	**23**	**100.00**	**23**	**100.00**	**116**	**100.00**	**116**	**100.00**

Table 16

Number of Clients in Inpatient Treatment Programs, by Sex

Western

Treatment Orientation Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	47	19	66
Day patient, with detox	—	—	—
Inpatient, no detox	65	14	79
Day patient, no detox	1	—	1

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 17

Number of Clients, by Sex, and Total Contacts, Outpatient Services

Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Yarmouth	168	33	201	861
Queens	99	52	151	1,226
Digby	166	54	220	2,042
Shelburne	113	22	135	683